THE ROLE OF PARAMEDICAL PERSONNEL IN THE SCREENING OF PATIENTS*

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LET us set the stage by stating that paramedical personnel are the lifeblood of the screening clinic. It is therefore appropriate that we consider the type and functions of such persons in the setting of a screening clinic.

Each of the members of the afternoon panel has had experience with a specific type of person in a specific setting.

Mrs. Miriam Guida is the senior nurse supervisor in the Department of Community Health and Multiphasic Health Screening Center at Brookdale Hospital Center, Brooklyn, N.Y., which was discussed earlier this morning. She has had experience with ancillary personnel from the local community in this screening-clinic setting.

Miss Mildred Brogan is nursing supervisor for Bell Telephone Company of Canada in Montreal, Quebec. Her experience is in an industrial health setting in which preemployment review and periodic reevaluation is performed by registered nurses.

Dr. William Lloyd is deputy medical director of the Neighborhood Medical Care Demonstration Unit in the Bronx, N.Y. He has utilized community residents in a clinical medical-care delivery system serving the community.

Each of these panelists has had a different type of experience, and has worked with a unique group of auxiliary health workers. Each will present a brief review of his own experiences, following which there will be a discussion of the points raised by the panelists.

As an introduction to the discussion, I should like to make one major point. Various types of screening function exist and each requires a different type of personnel.

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One type of screening involves asymptomatic patients who are being screened for occult disease or predisposing conditions. Another type of screening clinic serves a triage or sorting function. The patient in the latter clinic is sick, and desires treatment. The screening is for the purpose of directing him to the place where his illness can best be handled. Obviously tests are needed, and there are a few decisions which must be made along the route. The type of medical assistant which should be used in each of these situations is quite different.

One of the purposes of the screening clinic, which should be considered from the outset, is that of attaining maximum productivity with the lowest possible cost. To achieve this objective, one should choose the ancillary medical worker who can perform the indicated task with skill and reliability, but who is not overtrained for the job. This is the reason we do not use physicians in screening-clinic settings. They are not necessary and they are too expensive.

In many screening-clinic settings professional nurses are employed, but I propose that a skilled nonprofessional assistant can perform most screening-clinic tasks. A less costly assistant without lengthy formal training can perform these tasks with no sacrifice of quality.

In a screening clinic designed for detection of unsuspected illness, repetitive performance of a single test is required, with no requirement for specific judgment as a result of the test. Though we have often turned to the pool of professional nurses to fill these roles there is usually nothing in the nurse's experience that equips her to do this specific job. The fact that she has a diploma or a degree as a nurse assures us of a level of intelligence, a vocabulary, and a general familiarity with the test procedure, but we must still train the nurse to do the particular test or procedure that is required. In most cases, a nonprofessional person with reasonable intelligence can do the same job with the same kind of training. There are exceptions to this generalization. The performance of a certain test may require a degree of judgment. For instance, it may require a judgment not to do the test. Tonometry is an example. Familiarity with disease states and terminology would be an essential ingredient for making the necessary decision to perform or not to perform this particular test.

There are still other situations in which a test might have some potential for harming the patient, and therefore a specifically trained person is required. For example, a qualified x-ray technologist is ordi-

narily the most suitable person to do a chest x ray as a part of a screening program.

In the other type of screening clinic, in which the primary function is triage or sorting of sick patients, the requirement for professional training of personnel is much more stringent. In this situation the problems presented by the patient are almost infinite in variety. There is usually no routine that is followed in an unvarying sequence, and the personnel must exercise some judgment. In such settings each case must usually be seen by a physician, but unless the sorting function is done with skill and precision, the advantages of preliminary screening are lost.

The next question in the triage or sorting role is: Can anyone other than the physician perform this role adequately? The answer to this is a very clear "Yes." In many clinics, registered nurses have been utilized with great effectiveness in this type of job. Still other clinics have utilized skilled persons trained on the job. Our experience with the Duke physician's-assistant program has taught us that a well-motivated trainee with two years of clinical training can serve this role with great proficiency. These individuals have had less college training than the average registered nurse, but they have generally had four to eight years of training as hospital corpsmen in the armed services, plus the two years of intensive clinical training in our program. Their training is fairly specifically applicable to this type of role, and they do it well.

Leo Gitman pointed out in a discussion that we are training the physician's assistant to do a specific type of screening: to screen the individual patient instead of a large group of patients.

The physician's assistant says to the physician: "You do not need to ask these questions, or to check these findings because I have already determined that they are negative or normal; but these features of the history and physical examination are abnormal, therefore you should pay particular attention to these areas."

I wish to emphasize the point that a degree of professional skill, such as that of the skilled registered nurse or the skilled physician's assistant is probably necessary for this type of clinical responsibility.

As a final point, I should like to state that the type and length of clinical training bears no direct relation to the human quality of the exchange between a medical assistant and the patient. A minimally trained assistant can transmit empathy and concern for the patient to

the same degree as a nurse or physician. These qualities must be sought actively in selecting personnel for a screening-clinic setting. These qualities may be more important than skills, since the skills can be learned, but these qualities are part of the person.

In summary: paramedical personnel are absolutely essential to the operation of a screening clinic, but the type of personnel should be fitted to the task.

The use of highly skilled registered nurses, physicians' assistants, or clinical associates can hardly be justified in screening-clinic functions in which their professional skills are never utilized. Such positions can be filled by less-trained individuals at lower cost and with greater long-term employee satisfaction. On the other hand, skilled professional persons should be used in clinics which function for triage rather than detection.